

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/123098**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			4		5		TOTAL IND.						
TOTAL DEP.	34		29		30		TOTAL DEP.						
TOTAL CLAIMS			28		35		TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/1723048
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39	1		1			
40		1		1		
41		1		1		
42		1		1		
43		1		1		
44		1		1		
45	1		1			
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.	2		3		4	
TOTAL DEP.	10		26		24	
TOTAL CLAIMS	12		29		28	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		1				
3	1					
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
09/183048
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							1						
2							2						
3							3						
4							4						
5							5						
6							6						
7							7						
8							8						
9							9						
10							10						
11							11						
12							12						
13							13						
14							14						
15							15						
16							16						
17							17						
18							18						
19							19						
20							20						
21							21						
22							22						
23							23						
24							24						
25							25						
26							26						
27							27						
28							28						
29							29						
30							30						
31							31						
32							32						
33							33						
34							34						
35							35						
36							36						
37							37						
38							38						
39							39						
40							40						
41							41						
42							42						
43							43						
44							44						
45							45						
46							46						
47							47						
48							48						
49							49						
50							50						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS	4						TOTAL CLAIMS						